OP AP 180

PTO/S8/17 (10-08)
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7	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known					
1			_	Application Num	1001	10/567,662			
ı	FEE TRANSMITTAL					February 8, 20			
ı	For FY 2009					Amnon Yacoby et al. S. B. Christensen			
ı							ensen		
ļ	X Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2144					
Į	TOTAL AMOUNT OF PAYMENT	(\$) 650		Attorney Docket	No.	ANI-002 PCT			
I	METHOD OF PAYMENT (check all that apply)								
	X Check Credit Card Money Order None Other (please identify):								
I	Deposit Account Deposit Account Number:								
١	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
ı	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
I	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
I	FEE CALCULATION								
I	1. BASIC FILING, SEARCH, AND E								
ı	FI	LING FEES S Small Entity	EAR	CH FEES Small Entity	EXAMI	NATION FEES			
1	Application Type Fee (\$	Fee (\$) Fee	(\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
1	Utility 330	165 54	ю	270	220	110			
١	Design 220	110 10	00	50	140	70			
١	Plant 220	110 33	0	165	170	85			
١	Reissue 330	165 54	10	270	650	325			
١	Provisional 220	110	0	0	0	0			
ı	2. EXCESS CLAIM FEES							Small Entity	
Fee Description Fee (\$)									
ı	Each independent claim over 3 (including Reissues) 220 110								
١	Multiple dependent claims						390	195	
١	Total Claims Extra Claims	Fee (\$)	Fee	Paid (\$)	N	luitiple Depende	ent Claim	3	
١	- or HP = HP = highest number of total claims paid for	_x =			E	re (\$)	ee Pald (	<u>\$)</u>	
ı	Indep. Claims Extra Claims	-		D-14 (6)	_			_	
ı	- or HP =	Fee (\$)	ree	Paid (\$)					
ı	HP = highest number of independent claims	paid for, if greater than 3.		_					
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
١	listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
١	sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =									
ı	4. OTHER FEE(S) Fees Paid (\$)								
ı	Filing RCE 405.00								
ı	Other (e.g., late filing surcharge); Submission of an Information Disclosure Statement 180.00								
ř	SUBMITTED BY // // /								
H	Signature	y	Re	egistration No. ttomey/Agent)	24.435	Telephone	(908) 33	7 7662	
ŀ	Name (Print/Type) Richard I. Samuel Date 7/17/2//								
L	1000 9 09/10								

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180.00 OP



PTO/SIBR2 (07-09)
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ork Reduction Act of 1995, no persons are required to respond to a collection of information unless deplayes a will office control number.

Application No. (if known): 11/588,537

Attomey Docket No.: ANI-001CIP

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- 5. Fee Transmittal (1 page):
- 6. Check in the amount of \$650.00; and
- 7. Return Receipt Post-card.
- 8. RCE (1 page)